

MONTANA MARRIAGE APPLICATION

4. STATE FILE NUMBER

**CLERK OF
COURT**

1. MARRIAGE LICENSE NUMBER

2. COUNTY

3. DATE LICENSE ISSUED (Month, Day, Year)

5a. GROOM'S NAME First

Middle

Last

5b. SOCIAL SECURITY NO.

6a. RESIDENCE—State & Zip Code

6b. COUNTY

6c. STREET & NUMBER, CITY, TOWN OR LOCATION

7. BIRTHPLACE (City, County and State or Country)

8a. DATE OF BIRTH (Month, Day, Year)

8b. AGE

9a. FATHER'S NAME (First, Middle, Last)

9b. ADDRESS (City & State)

9c. BIRTHPLACE (State or Foreign Country)

10a. MOTHER'S NAME (First, Middle, Maiden Surname)

10b. ADDRESS (If Different)

10c. BIRTHPLACE (State or Foreign Country)

11. RACE—American Indian, Black, White, etc. (Specify)

12. SEX

EDUCATION (Specify only highest grade completed)

Elementary — Secondary: (0-12)

College: (1, 2, 3, 4, or 5+)

13a.

13b.

Number of this marriage First, Second, Etc. (Specify)

Previous Marriage

Terminated by

Name of Wife (First and Maiden Surname)

Place of dissolution or death (county and state)

Date of dissolution or death (Month, Day, Year)

14.

16a. BRIDE'S NAME First

Middle

Last

16b. MAIDEN SURNAME (If Different)

16c. SOCIAL SECURITY NO.

17a. RESIDENCE—State & Zip Code

17b. COUNTY

17c. STREET & NUMBER, CITY, TOWN OR LOCATION

18. BIRTHPLACE (City, County and State or Country)

19a. DATE OF BIRTH (Month, Day, Year)

19b. AGE

20a. FATHER'S NAME (First, Middle, Last)

20b. ADDRESS (City & State)

20c. BIRTHPLACE (State or Foreign Country)

21a. MOTHER'S NAME (First, Middle, Maiden Surname)

21b. ADDRESS (If Different)

21c. BIRTHPLACE (State or Foreign Country)

22. RACE—American Indian, Black, White, etc. (Specify)

23. SEX

EDUCATION (Specify only highest grade completed)

Elementary — Secondary: (0-12)

College: (1, 2, 3, 4, or 5+)

24a.

24b.

Number of this marriage First, Second, Etc. (Specify)

Previous Marriage

Terminated by

Name of Husband

Place of dissolution or death (county and state)

Date of dissolution or death (Month, Day, Year)

25.

27. DATE OF MARRIAGE (Month, Day, Year)

28. PLACE OF MARRIAGE (County)

29. OFFICIANT

30. RELIGIOUS OR CIVIL OFFICIAL (Specify)

31a. LOCAL OFFICIAL MAKING REPORT TO STATE HEALTH DEPARTMENT (Signature and Title)

31b. DATE RECEIVED BY LOCAL OFFICIAL (Month, Day, Year)

32a. ARE THE PARTIES RELATED?

32b. RELATIONSHIP

34. EITHER PARTY UNDER THE INFLUENCE OF INTOXICATING LIQUOR OR NARCOTIC DRUGS?

33a. PRIOR APPLICATION REJECTED?

33b. REASON AND DATE

35a. FUTURE ADDRESS—STREET & NUMBER, CITY, TOWN OR LOCATION

35b. STATE & ZIP CODE

35c. TELEPHONE NUMBER

**WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF
AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE.**

36a. BRIDE'S SIGNATURE

36b. GROOM'S SIGNATURE

37. SUBSCRIBED AND SWORN TO BEFORE ME THIS:

____ day of _____, 20 ____

CLERK OF COURT

BY _____

Deputy

Recorded: Book _____ Page _____

38. PROOF OF AGE

☐ BIRTH CERTIFICATE☐ DRIVER'S LICENSE☐ OTHER (Specify) _____

39. PERMISSION GRANTED PURSUANT TO 40-1-213 M.C.A. (Underage)

DATE _____, 20 ____

District Judge

ORIGINAL

GROOM

BRIDE

OFFICIANT

**LEGAL
INFORMATION
AND
SIGNATURES**